



## Summary of Immunizations Recommended for Health-Care Workers

Disease	Primary Schedule and Boosters
Hepatitis B	<p>Health-care workers (HCWs) who perform tasks involving contact with blood, body fluids or are at ongoing risk for injuries with sharp instruments or needle sticks should receive a 3-dose series of hepatitis B vaccine and be tested for hepatitis B surface antibody (anti-HBs) 1 to 2 months after the third dose. Anti-HBs testing is not recommended for previously vaccinated HCWs without documentation of anti-HBs testing on file unless there is an exposure.</p> <p><b>New HCWs</b> should receive 3 IM doses 0, 1 &amp; 6 months apart and should be tested 1 to 2 months after dose 3. If anti-HBs (+), no further treatment is necessary. If anti-HBs (-), give 3 more doses with the same spacing and retest 1 to 2 months after last dose. If they then test anti-HBs (+), no further treatment is necessary. If anti-HBs (-), they are non-responders and should be evaluated to determine if they are hepatitis B surface antigen (HBsAg) (+). HCWs who are non-responders and HBsAg (-) and who are exposed should receive 2 doses of hepatitis B immune globulin (HBIG) 1 month apart.</p> <p><b>Previously vaccinated HCWs</b> with an anti-HBs (+) test on file need no further treatment. HCWs with unknown status (had 3 doses of hepatitis B vaccine and were not tested within 2 months of dose 3) who have an exposure should be tested; if they are anti-HBs (+), no further treatment is necessary. If they are anti-HBs (-), give HBIG and 3 more doses with the same spacing and retest 1 to 2 months after last dose. If they then test anti-HBs (+), no further treatment is necessary. If anti-HBs (-), they are considered non-responders and should be evaluated to determine if they are HBsAg (+). If HCWs are re-exposed, they should receive 2 doses of HBIG 1 month apart.</p>
MMR*	One dose SC followed by a second dose at least 1 month after the first dose. (See below)
Varicella	Two 0.5 ml doses SC 4-8 weeks apart if $\geq$ 13 years of age. <sup>†</sup>
Influenza	Annual vaccination with current vaccine. Administered IM.

\*All health care workers (i.e., medical or non-medical, paid or volunteer, full-time or part-time, student or non-student, with or without patient-care responsibilities) who work in health-care institutions (e.g., inpatient and outpatient, public and private) and who were born during or after 1957, and do not have documentation of having received two doses of live MMR vaccine on or after the first birthday, or a history of physician-diagnosed measles, or serologic evidence of immunity should be vaccinated against measles and rubella.

Birth before 1957 is not acceptable evidence of rubella immunity for women who can become pregnant, because rubella can occur in some unvaccinated persons born before 1957, and because congenital rubella syndrome can occur in offspring of women infected with rubella during pregnancy. Although birth before 1957 is generally considered acceptable evidence of measles and rubella immunity, medical facilities should consider recommending a dose of MMR vaccine to unvaccinated workers born before 1957 who do not have a history of prior measles disease or laboratory evidence of measles immunity, and those without laboratory evidence of rubella immunity.

<sup>†</sup>Indicated for health-care workers who do not have either a reliable history of varicella or serologic evidence of immunity.

Source: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). For additional information, see MMWR, Recommendations and Reports, December 26, 1997/Vol.46/No. RR-18.

(MDCH rev. 10/23/01)